

INSTRUCTIONS

1 You do not need to complete the form if you wish to continue your current retiree benefits without changes. However, if you enroll or make changes, mail the form to FBMC/Direct Bill, P.O. Box 10789, Tallahassee, FL 32302-2789 or, fax to 866-836-9943.

2 SOCIAL SECURITY # <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	EFFECTIVE DATE <div style="border-bottom: 1px solid black; text-align: center; font-size: 1.2em;">07/01/16</div>	<input checked="" type="checkbox"/> 2017 SPECIAL ENROLLMENT	Choose one: <input type="checkbox"/> Pay by check (includes TIAA-CREF)* <input type="checkbox"/> Deduct from CPRB Retirement check**	
LAST NAME (RETIREE OR SURVIVING SPOUSE) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		FIRST NAME (RETIREE OR SURVIVING SPOUSE) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
MAILING ADDRESS [STREET] <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>				
CITY <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		STATE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	ZIP <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	BIRTH DATE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
HOME PHONE <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SURVIVING SPOUSE		E-MAIL <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

* If you choose to pay by check, you will receive premium coupons for you to mail in your monthly premium.

****** If you choose deductions through CPRB, your check deduction will pay for the following month's premium. Example: June deduction will pay the July premium. You will receive premium coupons for you to mail in your monthly premium until CPRB deductions begin.

Monthly Retiree Rates				
DELTA DENTAL	ROUTINE	ASSISTANCE	BASIC	ENHANCED
<input type="checkbox"/> Cancel Dental Coverage	<input type="checkbox"/> Retiree Only \$9.31 <input type="checkbox"/> Retiree & Children* \$18.67 <input type="checkbox"/> Retiree & Spouse* \$20.83 <input type="checkbox"/> Retiree & Family* \$30.24	<input type="checkbox"/> Retiree Only \$10.06 <input type="checkbox"/> Retiree & Children* \$20.17 <input type="checkbox"/> Retiree & Spouse* \$22.50 <input type="checkbox"/> Retiree & Family* \$32.66	<input type="checkbox"/> Retiree Only \$17.27 <input type="checkbox"/> Retiree & Children* \$34.58 <input type="checkbox"/> Retiree & Spouse* \$38.54 <input type="checkbox"/> Retiree & Family* \$55.89	<input type="checkbox"/> Retiree Only \$28.72 <input type="checkbox"/> Retiree & Children* \$57.44 <input type="checkbox"/> Retiree & Spouse* \$66.70 <input type="checkbox"/> Retiree & Family* \$95.28
METLIFE VISION	EXAM PLUS		FULL SERVICE	
<input type="checkbox"/> Cancel Vision Coverage	<input type="checkbox"/> Retiree Only \$1.15 <input type="checkbox"/> Retiree & Family* \$2.61		<input type="checkbox"/> Retiree Only \$6.67 <input type="checkbox"/> Retiree & Family* \$16.97	
EPIC HEARING SERVICE				
<input type="checkbox"/> Cancel Hearing Coverage	<input type="checkbox"/> Retiree Only \$1.75	<input type="checkbox"/> Retiree & Children* \$2.60	<input type="checkbox"/> Retiree & Spouse* \$3.56	<input type="checkbox"/> Retiree & Family* \$4.40
HYATT LEGAL				
<input type="checkbox"/> Cancel Legal Coverage	<input type="checkbox"/> Retiree & Family* \$15.50			

*IF YOU SELECT DEPENDENT COVERAGE FOR ANY OF THE BENEFITS ABOVE, YOU MUST COMPLETE THE INFORMATION BELOW.

[illegible]

I hereby authorize the WV Consolidated Public Retirement Board to deduct my insurance premiums from my monthly benefit check and make any subsequent premium changes as directed. For Retirees who did not elect to have premiums deducted from CPRB: I agree to remit payment to FBMC Benefits Management.

RETIREE SIGNATURE	DATE SIGNED
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